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CONFIRMATION NO. 7239

<b>SERIAL NUMBER</b> 10/598,561	<b>FILING or 371(c) DATE</b> 06/06/2007 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3773	<b>ATTORNEY DOCKET NO.</b> H-KN-00175 (TYCK 0175.14)		
<b>APPLICANTS</b> Kazuhiro Abe, Shizuoka, JAPAN; Shigeaki Funamura, Shizuoka, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP05/02180 03/02/2005 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2004-057758 03/02/2004 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 09/11/2007						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/SON H DANG/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 14	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> TYCO HEALTHCARE - EDWARD S. JARMOLOWICZ 15 HAMPSHIRE STREET MANSFIELD, MA 02048 UNITED STATES						
<b>TITLE</b> Medical Suturing Tool						
<b>FILING FEE RECEIVED</b> 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		